

Peer Review Assessment Fee

NEW in 2006



Child Development Division (CDD)
Department for Children and Families (DCF)
Vermont Agency of Human Services (AHS)

For State Use Only

Date Received: _____
Reviewed/approved: _____ Date _____
Payment entered by: _____ Date _____

This application is a request for up to \$500 toward the cost of the Peer Review Assessment Fee to the Vermont Department of Education for the portfolio review and interview to determine recommendation for licensure as an early childhood educator. These grants are only awarded to staff of programs that are in good regulatory standing with the CDD, which means any regulatory violations have been corrected, no "Parental Notification Letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD. The CDD may, upon request in an individual case,

grant a waiver from this grant policy. A waiver may be requested by completing and signing the "alternative certification" at the end of this application.

ELIGIBILITY

- Be employed for at least 6 months by a CDD regulated child care facility or be employed as a consultant that supports inclusion of infants/toddlers or other children with special needs in regulated child care programs.
- Demonstrate financial need
- Evidence of substantial completion of the portfolio

- Recommendation from VECEL Regional Advisory Group Coordinator (if applicable)
- Demonstrate commitment to remain in the field in Vermont for at least one year after licensure is achieved.

Contact Person

Janice Stockman
802-257-8015
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Application Deadline

First day of the month

Name (Print) _____ Date _____
Social Security # _____ Telephone (work) _____ Telephone (home) _____
Address _____ City _____ State _____ Zip _____
Email _____ Program or Company Name _____

1) Type of program where I am currently employed

- ☐ Licensed early childhood program, infant/toddler
☐ Licensed early childhood program, preschool
☐ Family child care — registration certificate number _____

2) Employment Information

Program Name (Print) _____ Current position/title _____
Address _____ City _____
State _____ Zip _____ Telephone _____ Email _____

3) Are you working with a VECEL Regional Advisory Group?

Yes ☐ No ☐ Which group? Northwest ☐ Northeast ☐ Southwest ☐ Southeast ☐

Name of your Regional Advisory Group Coordinator (If applicable) _____

4) Amount of request _____

5) Please check the Peer Review requirements you have completed:

☐ Applied to Department of Education for Peer Review.

My letter states that I must submit my portfolio by this date _____

☐ Passed the Praxis 1 exam.

I took the Praxis on this date _____

☐ Compiled my portfolio. Or,

☐ My portfolio will be completed on this date _____

☐ Attended at least 80% of the advisory group meetings as verified by my Coordinator (if applicable).

☐ Student teaching and practicum equivalency requirements

☐ Attended a Peer Review Clinic held by the Department of Education's

Peer Review Consultant on this date _____

If any of the above boxes are unchecked, explain why here: _____

I anticipate submitting my portfolio on the following date _____

6) Enclose/attach the following:

- An essay explaining your financial need for this grant (Less than 1 page.)
- An Individual Professional Development Plan (IPDP)
- A statement of commitment to remaining in the early care and education field for a minimum of one year following completion of Peer Review.
- A letter of recommendation from your regional advisory group coordinator, program director, supervisor, instructor or mentor. The letter must state your readiness for Peer Review, and how you demonstrated commitment to the process of documenting your competence as an educator, and your overall commitment to staying in the field.
- If your portfolio is not yet completed, include a statement of your plan to complete it by your anticipated submission date you listed above.

One of the Certifications below must be signed.

Certification #1

I certify the following:

- 1)** The information contained in this application is true and correct
- 2)** I have worked for at least 6 months in a CDD regulated early childhood or school-age care program in Vermont.
- 3)** I plan to remain in this field for at least one year upon obtaining my Vermont Early Childhood Educator license.
- 4)** I/my program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex,

color, handicap or national origin.

- 5) I understand that if I choose not to complete the peer review process, the funds must be returned to the Child Development Division.

I also certify that my program is in good regulatory standing with the CDD which means that within 1 year up to the date of this grant request, all regulatory violations are corrected, no "Parental Notification Letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.

Applicant's Signature _____ Date _____

Certification #2

I certify the following:

- 1) The information contained in this application is true and correct
- 2) I have worked for at least 6 months in a CDD regulated early childhood or school-age care program in Vermont.
- 3) I plan to remain in this field for at least one year upon obtaining my Vermont Early Childhood Educator license.
- 4) I/my program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
- 5) I understand that if I choose not to complete the peer review process the funds must be returned to the Child Development Division.

My program does not currently meet the criteria for good regulatory standing due to the following:

and I am requesting a waiver from the grant requirement of good regulatory status for the following reasons:

Applicant's Signature _____ Date _____

Make 6 copies of your *complete application. Keep one for yourself, send one copy to your local Child Care Community Support Agency Resource Development Specialist, and four copies to the address below. Be sure to sign the appropriate certification for your application! * "Complete" means all the required enclosures and attachments are included with each application.

Child Development Division — Peer Review Grant
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